



INDIVIDUAL MEMBERSHIP APPLICATION FORM

ELAN SECRETARIAT

25B, Fola Jinadu Crescent, Gbagada Phase 1,
Lagos, Nigeria
Tel: +234-802-317-6691; 0802-317-9048
Website: www.elannigeria.org
E-mail: info@elannigeria.org

Section 1: Membership Details

Full Name: _____

Salutation: _____

Date of Birth: _____ Nationality: _____

Residential Address: _____

Correspondence Address: _____

City: _____ State: _____

Telephone No: _____

E-mail: _____

Section 2: Academics Qualifications

Please attach photocopies of relevant certificate of Schools, College, Polytechnic, and / or Universities attended

Name of Institute: Period of Attendance: Qualification(s) Obtained with Dates

Professional Qualifications: _____

Section 3: Employment History

Company or Organization: _____

Designation: _____

From (Year): _____ To (Year): _____

Employer: _____

Address: _____

Nature of Business: _____

Position: _____ Area of Specialization: _____

Date of Present Appointment: _____

Section 5: Additional Information

Name of Sponsor: _____

Position of Sponsor: _____

Official Address of Sponsor _____

SIGNATURE & DATE

Name of Head of Department: _____

Address: _____

SIGNATURE & DATE

DECLARATION

I _____ declare that the statements made herein are correct to the best of my knowledge and belief, and agree to be governed by the Articles of Association and by any Bye-Law or regulations of the Equipment Leasing Association of Nigeria as they now exist and as may hereafter be enacted.

SIGNATURE & DATE